



Sandia

People/Orgs

Directory <<https://directory.web.sandia.gov/SAPLE/>>Policy <<https://lps.web.sandia.gov>>News <<https://communicate.sandia.gov>>~~...you are doing a ... please complete vaccination using the survey between...~~

DOE and NNSA are requiring NTESS, which manages Sandia National Laboratories, to provide information about vaccination status among its workforce. Therefore, Sandia is requiring employees and subcontractors to complete the information requested on this Certificate of Vaccination and attest to the truthfulness of the responses provided.

California residents: pursuant to the California Consumer Privacy Act (CCPA), the [linked notice](#) details the categories and purposes of use of personal information collected in connection with this Certificate of Vaccination.

## My Vaccination Status

\* By checking the box below, I declare that the following statement is true:

- I am fully vaccinated. (Employees are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).
- I am not yet fully vaccinated (I have received at least 1 dose).
- I am not vaccinated.
- I decline to respond.

Individuals who are not vaccinated due to medical or religious reasons, please check either "I have not been vaccinated" or "I decline to respond." If you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be considered not fully vaccinated until you are at least two weeks past your final dose and resubmit your vaccination information.

I understand that if I decline to respond or am not fully vaccinated, I must comply with any additional safety protocols that may be posted at a Sandia worksite, including:

- Wear a mask regardless of the level of community transmission;
- Physically distance; and
- Submit to weekly COVID-19 testing and provide proof of having received a negative COVID-19 test as soon as it is available.

I understand that the information I provide will be used to report to the government the percentage of employees and subcontractor employees working at Sandia who are vaccinated. The information also will be used to inform a weekly COVID-19 testing program.

I attest that the information provided in this form is accurate and true to the best of my knowledge and that I am the person named below.

For Sandia employees: I understand that providing false information will lead to discipline up to and including termination.

For subcontractor employees: I understand that providing false information will lead to me being denied access to DOE facilities and the Sandia worksite.

I further understand that a knowing and willful false statement on this form may be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking "I decline to respond" Does not constitute a false statement.

\* First Name

EXHIBIT 1

\* Last Name

--	--	--

**\* Date**

10/07/2021	
------------	---

**\* Signature**

--

CCHD 505-845-2243 | [CCHD chat <http://chat.sandia.gov>](http://chat.sandia.gov) | [eTicket <http://eticket.sandia.gov>](http://eticket.sandia.gov)